

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH

*Request to Amend Protected Health Information  
Approved/Denied in Part Letter*

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Date: \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Request to Amend Protected Health Information (PHI) Approved in Part and Denied in Part

Dear \_\_\_\_\_:

The Department of Mental Health (DMH) received the attached request from you to amend PHI.  
(ATTACH A COPY OF THE REQUEST FORM)

Your request to amend PHI has been approved in part and denied in part. The following part of your request was approved:

The rest of your request is denied for the following reason(s):

- ☐ PHI was not created by DMH. It was created by: \_\_\_\_\_
- ☐ DMH policy does not permit you to inspect the PHI
- ☐ PHI is not part of a Designated Record Set
- ☐ PHI cannot be amended under DMH policy (e.g., psychotherapy notes, x-rays)
- ☐ PHI is accurate and complete

If you disagree with this denial, you may send me a written statement of disagreement. Please limit your statement to one page. If you choose not to file a statement of disagreement, you may request that DMH includes your *Request to Amend Protected Health Information*, as well as its denial of your request, with any future disclosures of the PHI that is the subject of the requested amendment. To make this request, please complete the request section on the next page and return it to me.

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF MENTAL HEALTH

*Request to Amend Protected Health Information  
Approved/Denied in Part Letter (continued)*

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*You do not have the right to appeal the denial. You may file a complaint with: DMH Privacy Officer, 25 Staniford Street, Boston, MA 02114 (617) 626-8160 and/or the Office for Civil Rights, U.S. Secretary of Health and Human Services, JFK Federal Building, Room 1875, Boston, MA 02203*

Sincerely,

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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REQUEST:

I, \_\_\_\_\_, ask that DMH include my Request to Amend Protected Health Information as well as this denial letter, with any future disclosures of PHI that are the subject of the requested amendment.

\_\_\_\_\_  
Your signature or Personal Representative's signature

\_\_\_\_\_  
Date